

983

99

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH Local Registrar's No.*.....

(This return should preferably be made
by the person who made the original.)

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
<u>Boy</u>			

DATE OF BIRTH* August 17 1942
(Month) (Day) (Year)

FULL* FATHER
NAME Raymond Lysander Bogardus

FULL* MOTHER
MAIDEN NAME Grace King Horton

I HEREBY CERTIFY that the child described herein has
been named

Richard Raymond Bogardus
(Give name in full) (Surname)

Raymond Lysander Bogardus
(Parent's signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on
tenth day of following month.

922-817-785

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted
beneath the original.